Aging & Disability ResourceCenter
An Initiative of the U.S. Department of Health and Human Services
TECHNICAL ASSISTANCE EXCHANGE

Criteria of Fully Functioning Aging and Disability Resource Centers

March 2012

These criteria were developed to assist states and stakeholders to measure and assess state progress toward developing fully functioning Aging and Disability Resource Centers (ADRCs), sometimes referred to as "single entry point" or "no wrong door" systems for long-term services and supports (LTSS). These criteria and recommended metrics are intended to be applicable across different types of ADRC models. The term "ADRC" in this document may be interpreted to represent one organization in each community, a network of operating organizations or operating partners in each community, or a combination of state level and local level organizations operating in partnership to serve the entire state. Metrics that should be interpreted or applied differently to different types of ADRC models are noted.

If there is one single organization designated as the ADRC and serving as the single entry point in a designated area, that one organization must provide or contract with others to provide all the ADRC functions for all populations. If there are multiple organizations designated as ADRC operating partners providing multiple entry points in a designated area, each organization does not necessarily need to perform every function for all populations. It is the combination of the organizations' highly coordinated efforts which results in a fully-functional ADRC.

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
Information, Referral and Awareness	The *Information, Referral and Awareness* function of an ADRC is defined by the ADRC's ability to serve as a highly visible and trusted place where people of all ages, disabilities and income levels know they can turn for objective and unbiased information on the full range of LTSS options. It is also defined by its ability to promote awareness of the various options that are available in the community, especially among underserved, hard-to-reach and private paying populations, as well as options individuals can use to plan ahead for their long-term needs. Finally, ADRCs should have the capacity to link individuals with needed services and supports – both public and private - through appropriate referrals to other	<u>Outreach and Marketing</u> • ADRC has a proven outreach and marketing plan focused on establishing operating organizations as highly visible and trusted places where people can turn for the full range of long-term support options as well as raising awareness in the community about LTSS options. The outreach and marketing plan includes: 1. Consideration of all populations served including different age groups, people with different income levels, different types of disabilities, culturally diverse groups, underserved populations, individuals at risk of nursing home placement, family caregivers and professionals; 2. A strategy to assess the effectiveness of the outreach and marketing activities; and 3. A feedback loop to modify activities as needed. • ADRC actively markets to and serves private pay individuals in

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
	agencies and organizations.	addition to those that require public assistance. <u>Information and Referral</u> • ADRC uses systematic processes across all operating organizations to provide Information and Referral/Assistance (I&R/A). • ADRC consistently conducts follow-up with individuals receiving I&R/A to determine whether more assistance is needed. • Whether the ADRC has single or multiple operating organizations in the service area, all organizations use the same comprehensive resource database with information about the range of LTSS and resources in the service area and: 1. A system is in place for updating and ensuring the accuracy of the information provided; 2. Resources in the database conform to established inclusion/exclusion policies; these policies specifically address inclusion of resources and providers for private paying individuals and families; and 3. The database is accessible to the public via a comprehensive website and is user friendly, searchable and accessible to persons with disabilities.
Options Counseling	The *Options Counseling* function is defined by the ADRC's ability to provide person-centered one-on-one assistance and decision support to individuals and others they may wish to include in the process, such as family members and/or caregivers/support persons. The main purpose of Options Counseling is to help individuals understand and assess their situation, assist them in making informed	<u>Options Counseling</u> • Standards and protocols are in place that define what Options Counseling entails and who will be offered Options Counseling based on the AoA national draft Options Counseling standards. At a minimum, this will include any individual who requests it and individuals who go through a comprehensive assessment. Options Counseling should be incorporated into all state and local rebalancing efforts, systems integration activities, transition supports activities, and participant-directed programs.

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
	decisions about LTSS choices in the context of their preferences, strengths, and values. Options Counseling also entails working with individuals to develop action plans and, if requested, arranging for the delivery of services and supports, including hiring and supervising their own direct service workers. Individuals and families who receive Options Counseling should be able to make service and support choices that optimally meet their needs and preferences, and use their own personal and financial resources more efficiently and more effectively.	• ADRC has the capability, through one or multiple operating organizations, to provide objective, accurate and comprehensive Options Counseling to individuals of all income levels and with all types of disabilities. • All ADRC operating organizations that serve as entry points for individuals use standard intake and screening instruments. • Options Counseling sessions are conducted by staff trained and qualified to provide objective, person-centered assistance and decision support to individuals, as evidenced by certification, minimum qualifications and/or training/cross-training practices. • ADRC provides intensive support to individuals in short-term crisis situations until long term support arrangements have been made. • ADRC consistently conducts follow-up with individuals receiving Options Counseling to determine the outcome and whether more assistance is needed. • ADRC provides individuals and families with assistance in planning for future LTSS needs directly or contractually by staff that possess specific skills related to LTSS needs planning and financial counseling.
Streamlined Eligibility Determination for Public Programs	LTSS are funded by a variety of different government programs administered by a wide array of federal, state and local agencies, each with its own eligibility rules, procedures and paperwork requirements. The *Streamlined Eligibility Determinations for Public Programs* component of an ADRC is defined by its ability to serve as a single point of entry/no wrong door to all publicly funded long-term supports, including those	<u>Intake and Screening</u> • ADRC has a standardized process for helping individuals access all publicly-funded LTSS programs available in the state. • In multiple entry point systems, the intake and screening process is coordinated and standardized across operating organizations and key partners so that individuals experience the same process wherever they enter the system. <u>Financial and Functional Eligibility Processes</u> • Financial and functional/clinical eligibility determination

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
	funded by Medicaid, the Older Americans Act (OAA), the Rehabilitation Services Act, and other state and federal programs and services. This requires ADRCs to have the necessary protocols and procedures in place to facilitate an integrated and/or fully coordinated approach to performing the following administrative functions for all public programs (including both home and community-based services programs and institutional-based programs): • consumer intake • screening • assessing an individual's needs • determining programmatic, functional/clinical and financial eligibility • developing service/care plans • ensuring that people receive the services for which they are eligible The goal is to create a process that is both administratively efficient and seamless for individuals regardless of which program they end up being eligible for or the types of services they receive.	processes for public programs are highly coordinated by the ADRC, so individuals experience it all as one process. • ADRC uses uniform criteria to assess risk of institutional placement in order to target support to individuals at high-risk. • Staff located on-site within the ADRC conduct level of care assessments that are used for determining functional/clinical eligibility, or ADRC has a formal process in place (e.g. MOUs, written protocols) for seamlessly referring individuals to the agency that conducts level of care assessments. • ADRC staff assist individuals as needed with initial steps in completing the application (e.g., taking applications, assisting applicants in completing the application, providing information and referrals, obtaining required documentation to complete the application, assuring that the information contained on the application form is complete, and conducting any necessary interviews). • Staff located on-site within the ADRC can determine financial eligibility (staff co-located from or delegated by the Single State Medicaid Agency), or ADRC staff can submit completed applications to the agency authorized to determine financial eligibility directly on behalf of applicants. <u>Tracking Eligibility Status</u> • ADRC is able to track individuals' eligibility status throughout the process of eligibility determination and redetermination. • ADRC is routinely informed of individuals who are determined ineligible for public LTC programs or services and the ADRC conducts follow-up with those individuals to provide further Options Counseling. • In localities where waiting lists for public LTC programs or services exist, the ADRC is routinely informed of individuals who are on the waiting list and conducts follow-up with those

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
		individuals.
Person-Centered Transition Support	The *Person-Centered Transitions Support* function is defined by an ADRC's ability to create formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another or from one public program payer to another. These pathways include preadmission screening programs for nursing home services and hospital discharge planning programs, and they represent critical junctures where decisions are made – usually in a time of crisis - that often determine whether a person ends up in a nursing home or is transitioned back to their own home. The ADRC can play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meet their individual needs and preferences, which is often in their own homes. ADRC staff can be present at these critical points to provide individuals and their families with the information they need to make informed decisions about their service and support options, and to help them quickly arrange for the supports and services they choose. These critical activities can help individuals avoid being placed unnecessarily in a nursing home or other institution. They can also break the cycle of readmission to the hospital that often	• ADRC has formal agreements with local critical pathway providers, such as hospitals, physician's offices, nursing homes, rehabilitation centers, other community residential housing and service providers, and ICFs-MR that include: (1) An established process for identifying individuals and their caregivers who may need transition support services; (2) Protocols for referring individuals to the ADRC for transition support and other services; and (3) Regular training for facility administrators and discharge planners about the ADRC and any protocols and formal processes that are in place between the ADRC and their respective organizations. • ADRC works with the State Medicaid Agency to serve as Local Contact Agencies (LCAs) to provide transition services for institutionalized individuals who indicate they wish to return to the community via the MDS 3.0 Section Q assessment.

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
	occurs when an individual with chronic illness is discharged to the community without the social services and supports they need.	
Consumer Populations, Partnerships and Stakeholder Involvement	Many ADRCs started out serving older adults and one other population under age 60, such as adults with physical disabilities, intellectual or developmental disabilities, or mental illness. ADRCs should work toward the goal of serving persons with all types of disabilities, regardless of age. To be truly person-centered, ADRCs must meaningfully involve stakeholders and individuals they serve in planning, implementation and quality assurance/quality improvement activities. In order to function efficiently and serve as the single entry point/no wrong door for the full array of long term service and support programs in the state, ADRCs must have the documented support and active participation of the State Unit on Aging, the Single State Medicaid Agency and the State Agency(s) serving people with disabilities. Examples of other important state partnerships could include the State Health Insurance Assistance Program (SHIP), Brain Injury Associations, and the State Mental Health Planning Councils. ADRCs should be operated by or establish strong local partnerships with Area Agencies on	<u>Consumer Populations</u> • ADRC serves individuals with all types of disabilities, either through a single operating organization or through close coordination with multiple operating organizations. • ADRC staff demonstrates competencies relating to serving people of all ages and types of disabilities and their families, including people with dementia and people of different cultures and ethnicities. • There are formal mechanisms for involving consumers on state/local ADRC advisory boards or governing committee and in planning, implementation and evaluation activities. <u>Medicaid</u> • ADRC has formal partnership agreements with the single State Medicaid Agency and with local level Medicaid agencies (if applicable) that describe explicitly the role of each partner in the eligibility determination process and information sharing policies. • ADRC staff are involved as partners or key advisors in other state long term support and service system reform initiatives (e.g. Money Follows the Person initiatives). <u>Aging and Disability Partners</u> • In multiple entry point systems, the ADRC has formal service standards, protocols for information sharing, and cross-training across all ADRC operating organizations. • In single entry point systems, there is strong collaboration, including formal agreements, at the state and local levels

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
	Aging, Centers for Independent Living, and other community-based organizations instrumental to ADRC activities, such as Departments of Veterans Affairs, Adult Protective Services, Information and Referral/2-1-1 programs, Benefit Outreach and Enrollment Centers, One Stop Employment Centers, Vocational Rehabilitation, Developmental Disabilities Councils, Long-Term Care Ombudsman programs, Alzheimer's disease programs, housing agencies, and transportation authorities.	between the ADRC and all other critical aging and disability agencies and service organizations serving the same area that are not ADRC operating organizations. <u>Other Partners and Stakeholders</u> • State Health Insurance Assistance Program (SHIP), Adult Protective Services, and 2-1-1 programs are operated by the ADRC, or there is a MOU or Interagency Agreement establishing, at a minimum, a protocol for mutual referrals between the ADRC and these three programs. • ADRC operating organizations (e.g., AAA or SUA) have a Provider Agreement with a VA Medical Center to provide Veteran-Directed HCBS or there is a formal agreement at the state or local level between the ADRC and VA system outlining a protocol for linking Veterans with needed LTSS and making mutual referrals. • There is evidence of strong collaboration with other programs and services instrumental to ADRC activities.
Quality Assurance and Continuous Improvement	*Quality Assurance and Continuous Improvement* are a part of every ADRC system to ensure services are available, are of high quality, meet the needs of individuals, and are sustained statewide. They ensure that services adhere to the highest standards, as well as ensure the public and private investments in ADRCs are producing measurable results. ADRCs should be using electronic information systems to track their customers, services, performance and costs, and to continuously evaluate and improve on the results of the ADRC services that are provided to individuals	<u>Sustainability</u> • State operates in accordance with a formal written plan (e.g., the ADRC 5-Year Plan) that details how ADRC services will be made available statewide and sustained through a diverse set of public and private funding sources. <u>Management and Staffing</u> • In multiple entry points systems, the ADRC has one overall coordinator or manager with sufficient authority to maintain quality processes across operating organizations. • ADRC has adequate staff capacity to assist individuals in a timely manner with long term support requests and referrals, including referrals from critical pathway providers.

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
	and their families, as well as to other organizations in the community. This may include linkages with other data systems, such as Medicaid information systems and electronic health records. The Quality Assurance and Continuous Improvement component of an ADRC should also involve formal processes for getting input and feedback from individuals and their families on the ADRC's operations, services used, and on-going development. Every ADRC should have measurable performance goals and indicators related to its visibility, trust, ease of access, responsiveness, efficiency and effectiveness. ADRCs should routinely track and monitor consumer demographics and individual-level outcomes such as diversions, transitions, and impact of Options Counseling as well as systems-level outcomes such as service utilization by setting and cost-savings.	<u>IT/MIS</u> • ADRC operating organizations use management information systems that support all program functions. • ADRC has established an efficient process for sharing resource and client information electronically across ADRC operating organizations and with external entities, as needed, from initial contact to service delivery. <u>Continuous Improvement</u> • ADRC has a plan in place to monitor program quality and a process to ensure continuous program improvement through the use of the data gathered such as consumer satisfaction evaluations and surveys. • ADRC informs consumers of complaint and grievance policies and has the ability to track and address complaints and grievances. <u>Performance Tracking</u> • At the local or programmatic level, ADRC routinely tracks service delivery and individual outcomes and can demonstrate: 1. That the ADRC serves people in different age groups, with different types of disabilities and income levels in proportions that reflect their relative representation in the community; 2. That the Options Counseling provided enables people to make informed, cost-effective decisions about LTSS; 3. The number of individuals diverted from nursing home/institutional settings; and 4. The number of individuals successfully transitioning

Program Component / Core Function	Definition and Purpose	Recommended Criteria / Metrics
		from institutional settings (i.e. number of people assisted through formal coordinated or evidence-based transitions programs). • States evaluate their ADRCs' overall impact in the following areas: 1. Reduction in the average time from first contact to eligibility determination (both functional/clinical and financial) for publicly funded home and community-based services; 2. Impact on the use of home and community based services vs. institutional services; and 3. Documentation of the cost impact to public programs, including Medicaid.